

Cancer and the mind

Psychotherapy and cancer-prone personalities

One of the first investigators into the field of psychology and cancer was Dr Lawrence LeShan, an experimental psychologist and therapist. Starting in the 1950s, he undertook research into whether or not there were psychological predisposing characteristics which might make explain why some people got cancer – and whether or not this could be used to help people to recover. This research spanned three decades and his conclusions were ‘yes’ to both questions.

He quotes the case of ‘John’ who had a massive, inoperable brain tumour. After working with LeShan using a special form of psychotherapy – which LeShan characterises as ‘crisis therapy’ John recovered without medication even though his doctors had told him he had only months to live. John’s psychological state before he met LeShan was one of hopelessness. After going through psychotherapy, he developed a much more positive frame of mind. His attitude to life turned around and his terminal cancer disappeared.

In his book, *You Can Fight for Your Life*, LeShan described the process by which John and a number of other patients underwent complete remission. He also argued that even those he worked with who didn’t undergo remission, who indeed did die from their cancers, nevertheless had the quality of their lives dramatically transformed for the better through his work with them.

LeShan’s work started when he and a co-worker discovered that there seemed to be startling similarities in the personality configurations and in the life histories of people who subsequently died of cancer. A personality configuration very similar to that of people with a predisposition to suicide. LeShan believed that if there was such a configuration it should be tracked down.

In the first stage of his research, he interviewed 250 patients – spending between 2 and 8 hours with each one. Another 200 cancer patients were interviewed on the side for specific concerns. Close relatives of over 50 patients were interviewed for between one and three hours and another 40 close relatives were seen from between 20 and 50 hours. This was over a period of 14 years. In addition he undertook intensive psychotherapy with 71 patients.

As a result of his study, he came to the following conclusions:

- There is a general type of personality configuration among the majority of cancer patients.
- People whose personality or life history conforms to this pattern of susceptibility can take steps to protect themselves against the possibility of cancer.

What LeShan discovered was that for a significant majority of cancer cases there had been, prior to the onset of cancer, a loss of a crucial relationship. This loss may have been a physical or, more frequently, an emotional loss – for instance, a failure of a marriage, or a marriage from which the heart had gone, or an attachment to a way of life or activity that promised happiness but which was denied to the person involved for some reason. From this perception he predicted that age-corrected cancer rates for women would be highest for widows, next highest for divorced women, then for married women without children, followed by married women with children and lowest for single women. Epidemiological statistics from various sources appear to support this conclusion.

He found that for a large majority of cancer patients there is a clear inability to express hostility,

anger or resentment. He went on to discover that cancers developed in people who were in despair because they frustrated their own creative potential. They denied themselves. They felt that they had to be other than themselves to be accepted, and conversely that they would be rejected by others if they were themselves.

LeShan's patient John had become a lawyer and joined his father's firm as a result of strong parental suggestion and he had married a woman chosen by his parents who enjoyed being the wife of a lawyer. However, he was deeply dissatisfied. As a child John had shown a great deal of interest in music and he had dreamt of being a pianist. As a result of his therapy, John came to accept that it was possible that he could be a pianist if he really wanted to and that he had a right to fight for what he wanted. He quit his job, divorced his wife, took up the piano seriously and eventually became a pianist with a symphony orchestra. His terminal brain cancer disappeared.

While many people feel despair, LeShan discovered, the despair of the cancer patient is has unique features: 'The patient in despair is absolutely alone. At the deepest emotional level he cannot relate, since he does not believe himself worthy of love. He does not despair over 'something', as would the usual depressed patient – rather, he despairs over "nothing".'

Trapped in this aloneness, the cancer patient is in an emotional place where it is impossible to be reached by love, where any kind of fulfilling or satisfying relationship becomes impossible. The cancer patient is even divorced from such negative emotions as anger, resentment and jealousy. As one of his patients said to him: 'You don't understand doctor. It's not that I've been or done anything. It's that I've done nothing and been nothing.'

'The cancer patient's own desires and wishes had been so completely repressed ... that when at the start of the therapy I asked the question, "What do you really want out of life?" the response would be a blank and astonished stare. That question had never been seen as valid.'

This despair was evident in 68 out of the 71 patients he worked with. LeShan believed strongly that patients feeling this level of despair could be helped, and his case studies showed that he succeeded. He does not give any statistics in his book regarding the number of remissions that resulted among the 71 patients – but in addition to John, he mentions four other patients who recovered, without medication, from terminal cancer.

Remission of cancer among terminal cases is considered to be extremely rare. One in 100,000 has been one estimate. Yet LeShan is implicitly claiming to have achieved an inconceivably higher success rate. One of the reasons LeShan gives no statistics is because he does not want remission of cancer to be the only yardstick of value. Indeed LeShan believes that many of those he worked with rediscovered themselves and led lives that were worth living – after decades of failing to do that. As one of his patients said: 'Death is nothing. It is inevitable. Everyone has to die. What matters is how you live and die.'

And it wasn't just the patient who was affected by the course of the patient's psychotherapy. The daughter of one patient wrote to LeShan after her mother had died: 'I know that every day she grew in courage and understanding ... and was learning to fight the fears that surrounded her ... My father and I are changed ... and I think it influenced her friends who visited her. ... Mother's last months were filled with hope and thoughts of the future...'. This is why LeShan is not concerned to boast about success rates on a simple cure-death ratio. Success can be measured qualitatively. It was the objective of his therapy to 'reawaken the inner life of the individual, and to liberate those forces which can enable the person to experience as completely as possible both himself and the meaning

of his life and death.’

The crisis therapy that LeShan developed is very different from orthodox psychotherapy. First it dispenses with the view that unconscious forces rigidly control a helpless ego. He believes that the individual can be freed from constrictions to create his or her own world and to express his or her own true feelings. He also believes that this demands absolute honesty and openness from the therapist – the therapist does not allow him/herself to have an unexpressed commentary flowing in parallel to the therapy session. Everything must be made explicit. The therapist is not kind or careful. Time is short and the past needs to be confronted if the therapy is to succeed. This honesty must permeate the relationship and it precludes kindness – which LeShan sees as being a protective device for the therapist and implies a superior position. The crisis therapist must be in full personal contact with the patient, otherwise he is simply conspiring to avoid the key issues that underlie the cancer. ‘ Death, the figure in the background, asks the questions, and the therapist must join in the search for answers that are meaningful to the patient.’

The crisis therapist also talks to the family to prepare them for change – because they are certainly a constraining factor whether or not they intend to be. This requires a great deal of support and co-operation from the family.

And what is the goal of this therapy? To make patients confront their true selves, to become aware of their true desires and to make them feel important to themselves. In the mirror of death, some patients feel free to explore this question. Anyone seeking psychotherapy because of cancer should discuss LeShan’s ideas with the therapist at the first meeting. This will establish the foundations of the relationship.

Self-help

LeShan favours the idea of psychological self-help and suggests two useful techniques: one to confront the past, the other the future.

To confront the past, LeShan suggests the following technique. In the darkness of the imagination, we can enter a time machine and return as adults to the critical times in our pasts, the times that can still cause us pain, the times when the seeds of the present – perhaps the self’s self-denial – were sown, and to face the child that was ourselves then. And when we are there, adult and child, face to face, we should think what we would like to say to that child. This kind of self-confronting journey has a very powerful potential to heal psychic wounds.

For those who feel helpless in the face of the future, LeShan suggests a second technique: the person should focus on the impossible ambition and then to ask himself: ‘What is the first thing that has to be done, the very first thing, to achieve this goal?’ Every journey starts with a single step. If that first step is taken, there is a good chance the journey will be completed. Without that step, there is no journey.

People who are self-determining, LeShan argues, do not get cancer (or are very much less likely to). People who discover and embrace a purpose can cure themselves of cancer, even when medical science has done everything it can do and failed. If they aren’t cured, at least every minute of life left to them is enhanced in value.

Key Text: Lawrence LeShan, You Can Fight for Your Life, M.Evans and Company, Inc, New York, 1976

Mind-body interaction

One of the imponderable facts of cancer is that some are aggressive, developing very quickly, while others are slow and steady in their development. LeShan believes the aggressiveness is a direct reflection of the speed at which the cancer occurs after the loss of life's meaning as embodied in a central relationship. That is to say, the cause of an aggressive cancer is to be found shortly before the cancer develops, while the cause of a slow growing cancer is to be found further back in the past. The psychologist, Dr Bruno Klopfer, claimed to be able to predict with 80 per cent accuracy which patients had slow growing cancers, and which fast growing, on the basis of personality tests alone. Those with the more acutely felt despair had the more aggressive cancers.

LeShan and Klopfer seem to be saying that cancer is an accurate measure of despair. This can only be true if the mind and body are inextricably entwined as entities – or indeed if there is no separation of mind and body. This question is a very contentious one. Traditional western philosophy and science are based on the assumption that mind and body are distinct and separate. The mind is seen as distinct from the brain, the physical organ that is associated with it. If they are distinct and separate how can one affect the other? If a doctor says, 'It's psychosomatic. It's all in the mind.' he is saying it isn't real, it isn't true, it only exists as a thought, not as a fact. Against this view is the one – widely accepted in ancient times, and also today by many other non-western cultures – that mind and body are one inextricable whole. What affects the body affects the mind and vice versa.

The idea that emotions can cause cancer is a common one and indeed for most of the last two thousand years – with the sole exception of the twentieth century – it was the standard view. At the end of the nineteenth century, Sir James Paget, one of the leading medical figures of his time reflected the orthodox view when he wrote: 'The cases are so frequent in which deep anxiety, deferred hope and disappointment are quickly followed by the growth and increase of cancer that we can hardly doubt that mental depression is a weighty additive to the other influences favouring the development of the cancerous constitution.'

It is only in this century with its over-emphasis on the mechanical features of the body, that the individual's self and his values, beliefs and feelings have been more or less totally ignored. Modern medicine deals with the body as if it were a machine. Each bit and piece can be taken out, replaced, tinkered with and so on. People don't die of broken hearts or despair any more; they die of cerebral haemorrhage or cancer of the cervix. The result is that doctors believe it is for them to decide what repair is needed. And if excision of the rectum appears to be necessary for the further functioning of the body-machine so be it – out with the rectum. There is little concern for whether the patient wishes to live with the continuing pain, inconvenience and indignity that such an operation bequeaths.

Yet the great things in life: love, laughter, beauty, courage as well as the negative things such as fear, worry, danger and so on belong as much to the mind as to the chemistry of the body. If mind and body are so separate then why do we cry when we are sad or in pain, why do we feel a physical thrill at the sight of great beauty? Why do we jump immediately we sense danger? In each of these cases the physical response does not wait for the conscious message, it occurs absolutely in synch with the mental message. It is an aspect of the experience. Mental and physical responses are two sides of a coin that cannot be separated from each other.

We can conclude from this that all thoughts *are* facts. If our mind and body are one then our body is intelligent and our thoughts are physical. Similarly, if the body is diseased in some way, then we

cannot say that we have the disease but rather that the disease is part us, part of our identity. We are the disease.

This is the belief of Deepak Chopra, a distinguished doctor-writer trained in the West, who has turned to Ayurvedic medicine. The point of contact between the mind and body are the neuro-peptide transmitters – the body's 'messenger molecules' as Chopra calls them. 'A neuro-peptide springs into existence at the touch of a thought, but where does it spring from? A thought of fear and the neuro-chemical that it turns into are somehow connected to a hidden process, a transformation of non-matter into matter.' Chopra calls the zone where this occurs the '? zone'. This question mark zone is a place below the visible. It is a world where quantum rules dictate reality – and one of the rules is that things can happen suddenly, absolutely and inexplicably – the so called quantum leap where A can become B instantaneously.

Chopra gives an example of such a quantum cure taking place. A patient of his, a woman in her fifties went to see him complaining of severe abdominal pains and jaundice. He thought at first that she was suffering from gallstones and arranged for surgery, but when she was opened up, it was found that she had a large malignant tumour that had spread to her liver, with scattered pockets of cancer throughout her abdominal cavity. The surgeons considered the cancer to be inoperable and closed the incision without taking further action. Chopra spoke to the woman's daughter first. She pleaded with him not to tell her mother the truth and Chopra agreed to go along with this deceit. He informed the woman that the gallstone operation had been completely successful. He expected her to die within a few months but eight months later she appeared before him for a routine examination that revealed no signs of cancer. Much later the woman said to him: 'Doctor, I was so sure I had cancer two years ago that when it turned out to be just gallstones, I told myself I would never be sick another day in my life.'

We can call an event like this a miracle, a spontaneous remission, a placebo cure. But the fact is, whatever words we give it – it happens.

Placebos

'They can conquer who believe they can.' Dryden

A three-year-old boy with a severe case of whooping cough was seen by the doctor. The doctor appeared before the boy in great robes. He sat on the boy's bed and peeled a peach. Then he sugared it and cut it into small pieces. He fed each piece slowly to the boy. As he did so he told the boy that he was going to be fine, as the peaches would make him well again. He made the boy feel his health was inevitable. However, on leaving the room he told the father that he did not hold out much hope for the boy. The whooping cough was so serious it was almost certain to be fatal.

The next day the boy was still alive and the doctor came again. As before he made sure he was wearing his impressive medical robes. As before he fed the boy personally with some fruit. After 40 days and 40 visits the boy was well again. The doctor was the famous Sir William Osler and the boy was the brother of Dr Patrick Mallam who published the story in the Journal of the American Medical Association (December 22, 1969). Osler, incidentally, is famous for his comment: 'In today's system of medicine a patient has to recover twice: once from the disease and once from the treatment.'

Just believing that a pill is a powerful pain-reliever can be enough to get rid of the pain in 30-60 per cent of the people given the placebo. We can therefore conclude that the level of faith in a therapy

helps to determine how successful that therapy is. Curiously, it is not the least educated and those who are of lower intelligence who are most susceptible to this effect, rather the reverse. Placebos have a higher tendency to work with the more intelligent and educated. And it doesn't appear to be a conscious decision, placebos don't work because we consciously want them to work. The basis of the placebo action lies deeper in the mind.

Are placebos effective – and are they being used?

A number of studies support the view that 30-40 per cent of people respond to placebos. That the placebo effect may be even stronger is indicated by a number of studies. One showed that valium was more effective than a placebo for the first week of therapy only. After that they had equal effectiveness. This contradicts the prevalent view that placebo cures are short-lasting. Another study substituted saline solution for morphine with morphine-addicted patients who were being withdrawn from their addiction. No withdrawal symptoms appeared until the saline injections were stopped. The placebo effect is clearly reinforced when the attitude of the doctor is positive.

If we can believe a disease or a pain away, then we can believe it into existence – not consciously perhaps, but at some level of awareness. If the body is intelligent then it is intelligent in every part of the body, every organ is intelligent, every cell is intelligent. Is this really true – or is it just poetic over-statement? Consider the famous case of a child named Timmy. Timmy suffers from multiple personality disorder. Nearly a dozen personalities contend within his physical frame. One of these personalities is allergic to orange juice but the allergic reaction stops as soon as another personality takes over.

For this fact to make sense we have to accept that the cells of the antibodies that trigger the allergic reaction have to make a choice as to whether to react or not. This choice is dependent on the choice the mind has made about which personality it is at any moment. This means the mind is capable of choosing to be allergic or not allergic. If it can choose to have an allergy it can also choose to have cancer. If the disease is something we have unconsciously chosen, then the cure too is capable of being chosen.

Given the obvious benefits of placebos, one would think that more would be done with them. But most hospitals seem more concerned to make patients feel depressed and dissociated. Cold bare white corridors; the smell of antiseptic floor wash; cold, plastic tiled floors. Let's face it, hospitals seem to be creating problems for themselves before they even start. Hospitals and doctors seem to be working against placebos rather than with them. The wise patient will create his or her own placebo enhancing mental environment.

The reverse process is true. Many patients told their cancer is incurable promptly fulfil their doctor's expectations by dying. But the case of TB is instructive. 100 years ago, TB had the same fearful prognosis as cancer today – but then a cure was found and suddenly death rates from TB dropped sharply – even though most of those who recovered had not yet received the new antibiotic.

The power of expectations is so strong that there are good reasons for not pursuing any form of treatment towards which you have a negative attitude: The Simontons, a husband and wife team, conducted an 18 month study with 152 patients into the importance of attitude in determining the outcome of treatment with radiation. The results were clear. Patients with positive attitudes had a better response to the radiation treatment than those with negative attitudes. In fact, of the 152 patients only two who had shown a negative attitude had a good response to treatment. Patients who

had a good attitude and a more developed cancer generally did better than patients with a negative attitude but less advanced cancer. This leads to a very important conclusion. Cancer patients should only undertake treatments that they have positive attitudes about. If you feel that the best place to deal with cancer is the hospital and that the best weapons are radiation and chemotherapy, then concentrate positive thoughts towards these forms of treatment. If you feel they will not help then don't do them.

One of the classic cases of placebo cure was reported by Dr Bruno Klopfer. One of his patients took a drug called Krebiozen and his growths 'melted like snowballs'. A few months later, newspapers reported that the drug was worthless and the patient's tumours promptly recurred. Suspecting that the patient had a powerful belief system, Klopfer announced that he would give him a more active form of the drug. In fact he injected his patient with nothing more than distilled water, yet once again the tumors melted away. After a few more months, there were further reports announcing that Krebiozen was worthless. The patient accepted the truth of these reports, his tumors soon reappeared, and he quickly died.

A fighting attitude

A study at King's College Hospital looked at the impact of a fighting spirit on the survival of women who had mastectomies for early stage breast cancer. Ten years later 55 percent of the group who had the strongest fighting spirit – or whose levels of denial were so strong that they refused to believe they had the disease – had survived, compared with only twenty-two percent of the group who felt hopeless and helpless or who stoically accepted their fate.

A hopeful attitude also allowed researchers to predict which women out of 68 who came to a hospital for a cervical biopsy. Before the results of the biopsy were known the women were interviewed and assessed for personality factors. The researchers then predicted who would have and who would not have cancer. Of the 68 women, 28 had cancer. The researchers correctly predicted 68% of the cancer victims and 77 per cent of the cancer-free women simply on the basis of their relative hopefulness or hopelessness..

In other studies, the degree of hope, faith and trust in a surgeon has been shown to correlate highly with speedier recovery. Curiously, people who avoid thinking about the outcome of an operation recover faster than those who are eternally vigilant. Further demonstration of a simple truth: that the unconscious is more powerful than the conscious.

Clearly the mind is capable of unleashing very powerful forces that can lead to both health and illness. People can will themselves to death and they can will themselves to health. How can we harness these powers? Some methods will already have suggested themselves. Hypnosis, visualisation, and meditation are some of the ways people have recommended. These and other ways are detailed in the next chapter: An A-Z of alternative options.

Spiritual consciousness

Some cancer patients go beyond an earth-bound mind-body nexus. For them the disease is the key they needed to unlock the secret of themselves. They embrace their disease and take responsibility for their response to it. Like a smack over the head from a Zen master, the diagnosis of cancer has changed their awareness of – and attitude to – life. One such ex-cancer patient is Petrea King: She believes that her own bout of leukaemia was in some sense psychologically preordained: 'I didn't

think, “Ah yes, a good dose of leukemia with a short prognosis is just what I need right now.” Yet I firmly believe, at some more subtle level, that the particular disease and prognosis were precisely tailor made for me.

The eighteen months preceding her diagnosis had been extremely stressful, involving the suicide of one of her brothers, a geographical move to another country and separation from her husband. The disease gave her a focus around which she was able to make a new commitment to life, to what King calls ‘the flow of power and love in the universe’, and to transform herself and find peace and healing. ‘Leukemia was the best thing that ever came my way because I learned much more about myself much more quickly than I ever could have without it.’ (Petrea King, 1992)

Spiritually awakened patients may in the end die of the cancer, but nevertheless, they may be grateful – even in the face of their own self-extinction – that they have woken to a more profound consciousness of existence and of their own lives.

It may seem strange that anyone could love their disease or feel immense gratitude to something that is seeking their own extinction. But this surprise derives ultimately from a refusal to see something very obvious and very simple: we are all going to die. The spiritually awakened person sees this. Quite simply, he or she no longer fears death. What is there to fear? Death is natural and it is inevitable. It cannot be run away from. Those men and women who embrace the inevitability of death are freed and this freedom feels like a cosmic joke. They can thrill with the streaming energy of the universe and thrill to their awareness of the cosmic dance when the atoms of their physical bodies are dispersed to the universe – then where does the mind’s energy go? Die now or die later. What does it matter?

And the curious thing is this: the energy released by this awareness often does put the cancer into remission. And it makes the remaining life that is given a life that is more intensely felt and so more profoundly lived. It is also true that this acceptance of illness is one way in which the patient demonstrates that they have accepted themselves. This acceptance can transform the patient’s entire subjective world and this in turn can lead to the healing of disease.

A Japanese study into patients who went home to die from cancer and instead got well showed that a complete acceptance of God’s will – or the will of fate – was a constant theme through all their stories. We can see what this means in more personal terms when we consider the following words of an AIDS patient: ‘I deal with this disease by looking at it as one of the best teachers I’ve ever had. I treat it with respect. I try to love it. I talk to it. I’ll say: ‘You are safe with me. Do not worry. I do not hate you.’ (Young person with AIDS, quoted by Dr Larry Dossey, 1993)

A breast cancer survivor, Sumi Jenner says: ‘I am now in my ninth year of living with cancer. At least once a day I think of my lump getting smaller and I talk to it. It is like a barometer in my body. It gets hard and angry when I am doing too much. It is soft and pliant when I am relaxed.’

These are the words of two people who live permanently in the face of death – and yet who have found a large measure of freedom and acceptance. We should learn from their wisdom.